



DEPARTMENT OF THE ARMY
HEADQUARTERS, PACIFIC REGIONAL MEDICAL COMMAND
1 JARRETT WHITE ROAD
TRIPLER AMC, HAWAII 96859-5000

REPLY TO
ATTENTION OF

MCOP-OD

MAR 16 2011

POLICY MEMORANDUM 44

SUBJECT: Pacific Regional Medical Command (PRMC) Command Medical Readiness Requirements for Reserve Component (RC) Soldiers Assigned to Units in Korea and Japan

1. PURPOSE. Define the medical care support relationship between PRMC and the United States Army Pacific (USARPAC), Pacific Command (PACOM), Eighth United States Army (EUSA) and the 9th Mission Support Command (9th MSC) with respect to implementing Individual Medical Readiness (IMR) requirements for the Reserve Component (RC) Soldiers in Korea and Japan.

2. REFERENCES.

- a. Department of Defense (DoD) Directive 6025.19, Individual Medical Readiness, 3 JAN 06
- b. DoD Directive 6200.04, Force Health Protection, 9 OCT 04;
- c. DoD Manual 6055.05M, Occupational Medical Examinations and Surveillance, 2 MAY 07
- d. DoD Manual 6055.5, Occupational and Environmental Health, 11 NOV 08;
- e. Assistant Secretary of Defense for Health Affairs (ASDHA) Policy 06-006, Periodic Health Assessment Policy for Active Duty and Select Reserve Members, 16 FEB 06;
- f. Army Regulation (AR) 40-5, Preventative Medicine, 5 MAY 07;
- g. AR 40-50, Standards of Medical Fitness, 14 DEC 07;
- h. AR 40-400, Patient Administration, 27 JAN 10;
- i. AR 600-63, Army Health Promotion, 7 MAY 07;
- j. AR 135-381, Incapacitation of Reserve Component Soldiers, 27 DEC 06;
- k. Department of the Army (DA) Pamphlet (Pam) 40-501, Hearing Conservation Program, 10 DEC 98;
- l. DA Personnel Policy Guidance for Contingency Operations in Support of GWOT, 10 NOV 10;

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m. 9th Mission Support Command, "White Paper for the VCSA", SUBJECT: Foreign area Reserve Components (RC) Healthcare Access Issues in the Pacific, 24 MAY 10.

3. BACKGROUND. USARPAC, PACOM, EUSA and the 9th MSC have assigned RC Soldiers residing in and/or performing duty in Korea and Japan. RC Soldiers' access to IMR providers is limited because of the shortage of U.S. accredited physicians and/or their restricted access to military treatment facilities (MTF). Notably, a Soldier's incomplete Physical Health Assessment (PHA) can negatively affect the unit's readiness through an adverse Medical Readiness Category (MRC) rating. There are no Reserve Health Readiness Program (RHRP) contract providers, or Department of Veterans Affairs treatment facilities in Korea or Japan. This along with the requirement that medical evaluations (Profiles and duty dispositions) require evaluation by providers with United States licensure prevents these Reserve Units from obtaining and maintaining the desired MRC level.

4. PROCEDURES. PRMC MTFs/Clinics will ensure identified RC Soldiers receive the required medical readiness screenings. The PRMC MTF/Clinic will:

a. Provide PHA to include the over 40 screenings, P3 Profile evaluations, Audiology, Vision, Eye Wear Exam, HIV Screening, PPD, Immunizations, and Supporting Labs;

b. Provide the RC Soldier with required medical documentation, update the Medical Operational Data System (MODS) and/or the Medical Protection System (MEDPROS), and provide a signature on the unit memorandum; and

c. Refrain from billing either the RC Soldier or the RC Soldiers' health insurance for medical readiness services rendered.

5. USARPAC, PACOM, EUSA, 9th MSC and the RC Soldier understand that any required restorative medical care to determine fitness for duty is the responsibility of the individual Soldier, and will not be provided via a PRMC MTF or Clinic unless the Soldier is entitled care based on another status (i.e., DEERS eligible). Questions regarding eligibility should be directed to the MTF Patient Administration Department.

6. The proponent for this policy is LTC Bonnie Lowe, bonnie.lowe@us.army.mil, 808-433-3876.



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Encl: Memorandum to PRMC Medical Treatment Facilities